The measles vaccine narrative is collapsing

By Dr. Alan Palmer

I have recently released an update for my free eBook ***1200 Studies- Truth will Prevail***. It is now at 718 pages and over 1,400 published studies authored by thousands of scientists and researchers, that contradict what the public is being told about the safety and efficacy of vaccines. It has easy search and navigation features with links directly to the article abstracts on PubMed, or the source journal. These features make it an invaluable research and reference tool. It can be downloaded at www.1200studies.com.

I have concentrated a good amount of the update on the measles and the MMR vaccine, since the measles has become the catalyst for the pressure to increase vaccine mandates and to remove freedom of choice in the form of the repeal of personal and religious exemptions. Since the vaccine proponent's agenda is to go with the apocalyptic-fear-mongering measles strategy, let's poke some major holes in it by taking a look at what the contemporary science says about the false narratives being repeated ad nauseum in the media.

Key false talking points driving their campaign of fear and coerced compliance-

1. **If the measles returns, thousands of children will die annually in the U.S.**
2. **The 2 dose MMR Vaccine regimen provides lifelong protection in most people**
3. **Previously vaccinated adults with waning antibody protection, can receive effective and lasting protection from MMR booster shots**
4. **We must achieve and sustain a 95% vaccination rate to maintain herd immunity**
5. **The MMR and MMRV will protect against all strains of measles**

Then we will take a look at:

- **Injuries and deaths from the Measles (MMR) Vaccine**
- **The vaccine industry is allowed to operate in a liability-free environment with no oversight or accountability**
- **The accumulative effect of the ever-increasing number of vaccine doses**
- **The long-term BENEFITS of acquiring these childhood infections early in life**

Rebuttals to the five key talking points pushing the measles vaccine agenda:

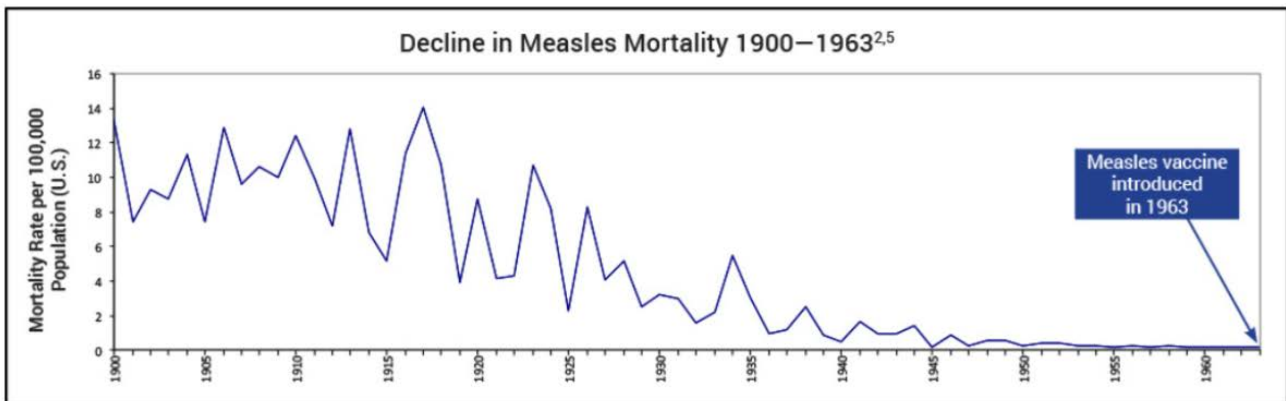
*As a footnote: There are numerous examples of each of the following points found in ***1200 Studies***. The page numbers cited will serve as an example of the growing scientific consensus and a good starting point for further exploration.

Talking point #1: If the measles returns, thousands of children will die annually in the U.S.-

It is time to put this unreasonable fear of measles to rest. The real risks from measles in modern-day America pales as compared to vaccine injuries and adverse effects on the health of our children (see pages 561-564). I will spend extra time on talking point #1, because it is the hyper-exaggeration of the threat and the fear that

threat produces in the population, that the vaccine industry is counting on to drive public compliance and legislative action to remove freedom of choice.

The first measles vaccine was introduced in 1963 and was ineffective and problematic. The second generation of the vaccine was introduced in 1968 and achieved more widespread use and acceptance. The vaccine industry narrative takes credit for the decline in measles deaths as a result of the measles vaccine. However, U.S. Government public health statistics present a very different story. The rate of deaths attributed to measles had declined over 98% between the years of 1900 and 1962 and was continuing in a downward decline at that point (some government statistics say the death rate had decreased 99.4% prior to the measles vaccine introduction in 1963). Regardless, that is nearly a 100% decline. There is no reason to believe that it wouldn't have continued to decrease absent the introduction of the vaccine. To suggest that the measles vaccine had anything to do with the decline in mortality is dishonest and a poor attempt at re-writing history.



The government reported mortality rate for measles prior to the introduction of the vaccine was approximately 1 in 10,000 cases. It is often reported as 1 in 1,000 cases. This is once again an attempt to exaggerate the facts. Ninety percent of all measles cases were never reported because parents never took their children to the doctor. The cases were mild, lasted a few days, the kids went back to school and life went on. No big deal. Approximately 10% of the overall cases were severe enough to seek medical care. Of those 10% that sought medical care and were REPORTED, the fatality rate was about 1 in 1,000. News outlets often inaccurately report the death rate figure as 1 in 1,000 cases by leaving the word "reported" out. The facts are that the death rate was closer to 1 in 10,000 cases. Another crucial fact to consider, is of those deaths from measles complications, studies show that fatalities were 10 times higher in extremely low income, poverty-stricken communities compared to middle income communities (see pages 487-488). This increased incidence of fatalities drastically skewed the overall death rates. The death rate in middle and upper-income areas is thought to have been 1 in 100,000 cases or less. This points to the fact that malnutrition, overcrowding, decreased personal hygiene, poor sanitary conditions, lack of vitamins and vitamin fortified foods and decreased access to medical care all play a role in the outcome of infectious diseases, as you will see in the next section. Now even one death is too many, but we must also consider that the measles vaccine itself has been responsible for serious vaccine injuries, permanent disabilities and deaths. Stay tuned, that will be covered in more detail in this article. Fast forward 60 years to 2019 and the standard of living has improved for nearly all Americans. We have better access to quality nutrition, vitamins and vitamin fortified foods, clean water, improved public health measures in all sectors including the awareness of proper personal hygiene and access to advanced medical care. All of these factors would significantly reduce the rates of complications and deaths from the measles in modern-day-America as compared to 1960.

So, what made conditions right for the spread and deadliness of infectious disease?

Large cities were ripe for spread of infectious disease in the 1800's and early 1900's

You can see by the graph that measles was a deadly disease in the late 19th and early 20th century in the U.S. and Western Europe. That period of time was one where cities were extremely overcrowded, lacked proper sanitation and waste disposal, clean water and access to nutritious food. There was no garbage pickup, therefore trash piled up. There were open sewers behind shacks and overcrowded buildings housing large numbers of people. Horses were the main mode of transportation, so the narrow streets were full of manure and the air was contaminated. Flies and rats were everywhere. The conditions were ripe for infection and all of those factors weakened people's immune systems.

Why are measles deadlier in some countries than others?

The conditions in the mid to late 1800's and early 1900's were in many ways very similar to impoverished parts of the world today, where there is a lack of all these basic community public services, limited access to healthy food and clean water, filth and garbage everywhere, open sewage, lack of education about personal hygiene and rampant malnutrition is commonplace. These conditions create an environment ripe for infectious disease AND weaken people's immune systems to the point where they are unable to fight even the mildest of infections.

Those descriptions and these pictures certainly do not depict the United States of America, Western Europe and other advanced societies today! This is the reason why the fear mongering, hysteria and lies about measles returning and decimating our children are so disingenuous. It is being pushed by the insatiable profit driven vaccine makers and so the media, who is beholden to them for advertising revenue becomes their mouthpiece. Solutions other than vaccines exist. Even vitamin A supplementation is being used successfully by the World Health Organization in third world-countries where measles is still epidemic. Their vitamin A campaigns have been heralded as huge successes (see pages 470-471, 481-483, 687). Today in modern day America, we also have access to other types of herbal and natural antiviral compounds that could protect a child who may contract the measles from developing complications, reducing the risk of complications and shortening the duration of the illness. Even immune compromised persons now have access to immune globulin therapy that is extremely effective in reducing complications from measles. In the 1950's and 60's, measles was viewed as an inconvenient, yet harmless condition that virtually everyone got, recovered from and then had lifelong protection.

To learn more an understand the dynamics of why measles was so deadly 70 to 100 years ago, and what makes it deadly in impoverished parts of the world today, AND why the death rates declined for measles and other infectious diseases nearly 100% without vaccines, read the section titled ***The Truth about the Decline of Infectious Diseases*** in my free eBook ***1200 Studies***.

Talking point #2: The 2 dose MMR Vaccine regimen provides lifelong protection in most people-

According to the CDC's website… **"***People who receive MMR vaccination according to the U.S. vaccination schedule are usually considered protected for life against measles and rubella. While MMR provides effective protection against mumps for most people, immunity against mumps may decrease over time and some people may no longer be protected against mumps later in life… Both serologic and epidemiologic evidence indicate that vaccine-induced measles immunity appears to be long-term and probably lifelong in most persons."* https://www.cdc.gov/vaccines/vpd/mmr/hcp/about.html .

This information is outdated and has been proven completely wrong!

That information may have been somewhat accurate when there were still large numbers of aging people in the population that had wild measles as children giving them lasting immunity and there were still children with measles in the population to provide natural "boosters" to adults, but that dynamic changes over time as more people are vaccinated. We have learned the last few years, that antibody levels produced by the measles vaccine wanes rapidly, with efficacy lasting no more than 10 years after the second dose (antibody levels dropping approximately 10% per year), and how additional doses provide no lasting protection. This

leaves the previously vaccinated adult population completely unprotected. So in essence, the vaccine program works for a period of time (scientists call this the “honeymoon” period), because many of the children that had acquired wild measles and developed lifelong immunity stayed safe and immune as they became adults. That keeps measles infections in check for several years. But as the vaccinated children age-out of protection and vaccination rates for young children remain high, there are no longer young children with wild measles in the population to provide those natural boosters to adults from the exposure to children with measles (as compared to the pre-vaccine era). Over time, vaccine induced antibody levels drop throughout the aging population leaving them vulnerable to infection and sadly, the honeymoon is over (pages 503-504).

These are all reasons why such a high percentage of people contracting the measles in recent outbreaks are adults who have been previously vaccinated. What has happened, is the measles vaccine has destroyed the natural herd immunity we used to enjoy. The pseudo “herd immunity” highly touted by vaccine proponents turns out to be a complete fallacy and falls apart due to the secondary vaccine failure to provide the lifelong immunity that was previously promised (pages 572-578). During the infamous 2015 Disneyland outbreak and subsequent U.S. measles cases that year, there were 194 cases in which virus sequences were obtained. Of those, 73 (38%), were identified as MMR vaccine sequences (***Journal of Microbiology***, Volume 55, Issue 3, March 2017). During these measles outbreaks, the blame is often put on the unvaccinated. These statistics and others from other outbreaks show that the vaccinated are also susceptible. In addition, the age of the California cases ranged from 6 weeks to 70 years old, with an average age of 22 (***Annals of Internal Medicine***, Vol. 66, No. 1, July 2015). The fact that so many of the cases were 22 years old and older, indicates a significant change upward due to vaccine failure as previously described. In the pre-vaccine era, half of all children had the measles by age 6, with the rest acquiring it in the years shortly thereafter. This is when measles is mildest and has the lowest rate of complications.

Another unintended consequence of vaccinated adults having low antibody titers, is that females of childbearing age do not have enough antibodies to pass sufficient amounts to their newborn babies, making their infants more susceptible to contracting the measles (see pages 574-578). Of the 110 California cases from the Disneyland outbreak, 12 (11%), were infants too young to be vaccinated (***Annals of Internal Medicine***, Vol. 66, No. 1, July 2015). These infants most likely would have been protected if their mothers had contracted wild measles as a child.

The science now shows a shift in the demographics of measles cases due to the vaccine program. This shift has effectively transferred the risk to the two groups most vulnerable to serious complications, newborns and adults. This same vaccine failure is being recognized with other infectious diseases that we thought we had achieved control over (pages 588-591).

Talking point #3: Previously vaccinated adults with waning antibody protection, can receive effective and lasting protection from MMR booster shots-

2017 research published in the ***Journal of Infectious Diseases*** demonstrated that additional doses of MMR given to adults has minimal effect on raising antibody levels and the increased titers are very temporary decreasing in under 4 months. Therefore, the kneejerk reaction by vaccine proponents that we can mandate adults get their MMR shots every 5-10 years won’t work. And it becomes readily apparent that we cannot vaccinate our way out of this problem (see pages 577-578). So, what do we do now? It’s like squeezing toothpaste out of the tube. You can’t put it back in!

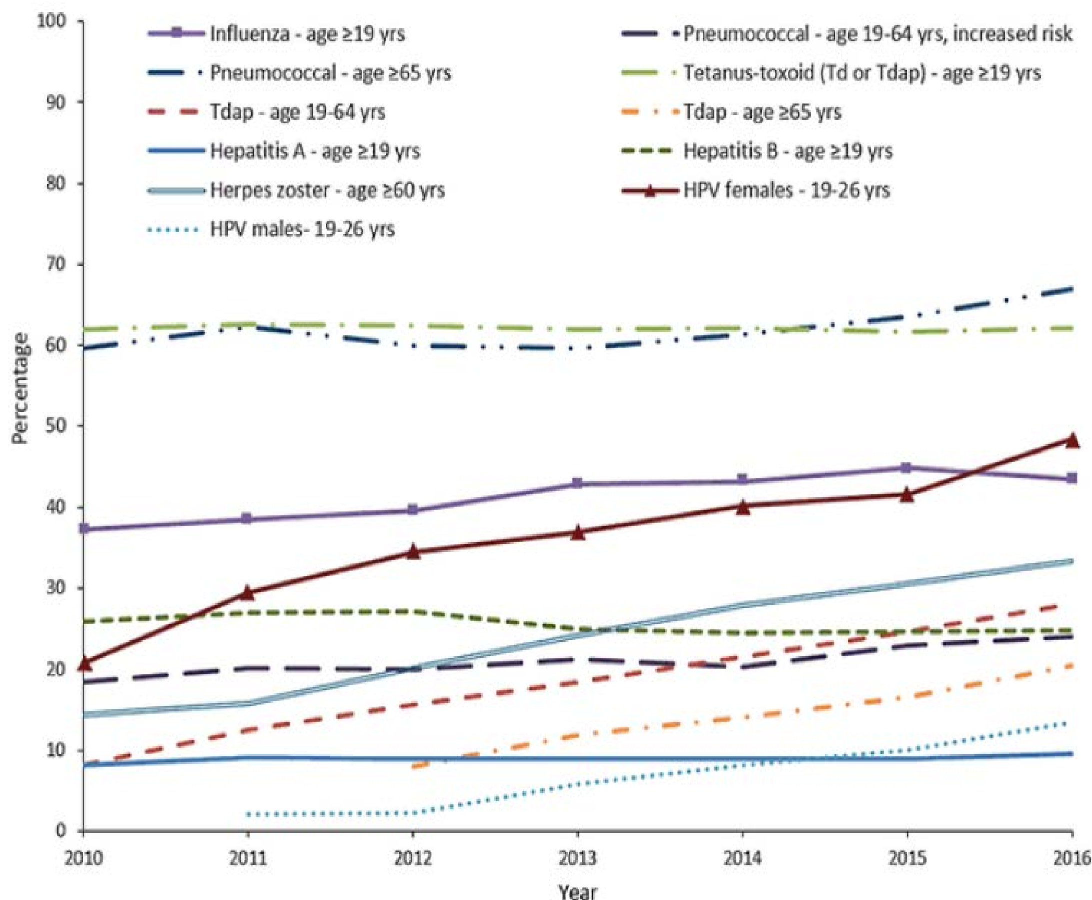
Talking point #4: We must achieve and sustain a 95% vaccination rate to maintain herd immunity-

We hear this all the time. We have to get all the children vaccinated to maintain “herd immunity”. And, that this is what will protect the vulnerable that can’t be vaccinated. The narrative about protecting herd immunity

is designed to prop up vaccination efforts and public compliance. Yet, with an unprotected adult population, we are nowhere close to the 95% “immune” rate for measles to achieve herd immunity. In fact, as you will now see, CDC stats prove that we are nowhere close to it with any of the infectious diseases that vaccines are given for.

The CDC’s website has a document titled, ***Trends in Adult Vaccination Coverage: 2010 to 2016.*** That document is from the ***National Health Interview Survey*** and shows the percentages of the adult population who say they have been vaccinated against various infectious diseases.

FIGURE. Estimated proportion of adults ≥ 19 years who received selected vaccines, by age group and increased risk status— National Health Interview Survey, United States, 2010–2016. See data file [1 sheet].



Source: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html

Conspicuously, measles, mumps and Rubella are absent from the survey. I have searched extensively and have not found any other surveys where they were included. One has to ask the question why? Especially because the MMR vaccine is one of the mainstays of the vaccine paradigm, if not the holy grail itself. Is it because for adults, the vast majority of them post-vaccine era (under 60-years-old), would not have been vaccinated since pre-kindergarten and the survey designers would know that the percentage affirming that they are immunized against M, M or R would be extremely low? Or is it that vaccine researchers have known for some time now that the antibody titers wane rapidly and that adults would not be protected? Whatever the reason, the outcomes just wouldn’t fit the narrative they are pushing, now would they?

In looking at the graph, realize that this is from the ***National Health Interview Survey***, where adults were asked if they had been vaccinated for various infectious diseases. Since we now know that immunity from vaccines tends to wane or decrease over time, in reality many of the adults answering in the affirmative as to their vaccination status and included in those percentages, would have most certainly lost that temporary immunity, and therefore don't really belong in that cohort of "vaccinateds" anyway. That of course would drop those percentages even lower. In 2-6-year-olds, the vaccine coverage rates are in the 80-90% range, but they are just a small part of the herd (maybe 5%). And, persons under 18 years of age account for less than 20% of the entire population. The pro-vaccine herd immunity argument may hold water if all the young children were kept in a bubble, fully sequestered from all those adults who are not vaccinated, but we know that is not the case. We all live together mingling with cross-exposure in this big herd we call humanity. So, the reality is that their argument is really a talking point with no basis in fact. It is an intentional strategy used to create the appearance of a solution in order to achieve their objectives of full vaccination compliance in children. Also, consider that there is what is called primary vaccine failure. There is a subset of children that the vaccine just doesn't produce sufficient antibody response in. Vaccine proponents claim that this number is only about 5%. But other data suggests that the number may be higher. At any rate, even with 100% vaccine compliance in children, nearly 1 out of every 10 will remain unprotected.

In addition as just mentioned, vaccines have destroyed natural lifelong herd immunity that came from the immune response to wild measles infection, leading to a change in the demographics of the people getting the disease away from 4 to 12-year-olds (pre-vaccine demographics), where the disease is mildest to adults and infants (post-vaccine era demographics), two populations in which the disease causes much greater complications (see pages 500-504, 579-581).

Talking point #5: The MMR and MMRV will protect against all strains of measles-

There is now evidence emerging that as a result of intense vaccine pressure, the measles virus is mutating. A 2017 article from the ***Journal of Virology*** warns of this ominous signal, a discovery of what they are calling the D4.2 sub-genotype. So far, this "mutant" has been isolated in France and Great Britain. Experts calling these strains "escape mutants", warn that with an unprotected adult population (whose titers cannot be boosted as just mentioned), we face the potential of unprecedented outbreaks as a result. The mutant was not effectively neutralized when tested against sera from approximately 70 North American vaccinated individuals. The concern is that under high vaccination coverage, the virus is finding ways to survive. Given the short-term temporary immunity provided by vaccines, rather than a whole population that through childhood exposure to wild measles who maintain a lifelong robust protection against all measles variants, we are now at risk for wide-spread outbreaks (see pages 578-579).

The research is signaling a looming crisis, similar to what we have created with antibiotics. The over-prescribing of antibiotics has created mutations in bacteria that have outpaced the development of new antibiotics. Not only that, but these "superbugs" as they are called are much more virulent (deadly). Currently, well in excess of 100,000 people die annually in the U.S. from antibiotic resistant infections and it is only getting worse. Is it possible that we are setting ourselves up for a similar scenario with vaccines?

Injuries and deaths from the Measles (MMR) Vaccine-

A historical look at the adverse reactions and deaths due to the measles vaccine and the MMR vaccine can be found on the ***National Vaccine Information Center's*** website at www.nvic.org . Pull up the article titled, **Can Measles Vaccine Cause Injury and Death**? https://www.nvic.org/vaccines-and-diseases/measles/measles-vaccine-injury-death.aspx As reported in that article; "As of November 30, 2018, there have been more than 93,179 reports of measles vaccine reactions, hospitalizations, injuries and deaths following measles

vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including 459 related deaths, 6,936 hospitalizations, and 1,748 related disabilities."

And these statistics are most certainly just a drop in the bucket, as according to CDC sponsored research, less than 1% of the adverse reactions from vaccines are ever reported to VAERS (Harvard Pilgrim Health Care Study https://www.ncbi.nlm.nih.gov/pubmed/?term=26060294). Consider the statistics above about adverse reactions and vaccine injuries just from the MMR vaccine and multiply by 100 (or add two zeros to those numbers), and you would be closer to the actual number of adverse vaccine reactions. Since there are in the neighborhood of 60,000 adverse reactions reported annually to VAERS, the true number is more likely to be around 6 million.

The vaccine industry is allowed to operate in a liability-free environment with no oversight or accountability-

The vaccine industry has been given a liability free environment to operate in, thanks to the ***National Childhood Vaccine Injury Act of 1986 (NCVIA)***. This occurred because vaccine manufacturers were being forced out of business due to the increasing number of lawsuits from vaccine injury victims (see pages 387-389). It was essentially an ongoing bailout for the pharmaceutical industry. One that taxpayers are continuing to fund today. As a result, the NCVIA prompted the U.S. Government to set up the ***National Vaccine Injury Compensation Program (NVICP),*** (see pages 402-405). This provided vaccine injured individuals the ability to attempt to recover damages (with a limited cap on awards), from vaccine injuries. The number of compensated awards each year is climbing steadily, with 2019 on track to be nearly triple the number awarded in 2018 (see pages 365-369). Considering that 4.2 billion dollars have been paid out through the NVCIP to date and millions of dollars in awards are added to that total monthly, it proves that vaccines are far from safe for everyone as is implied relentlessly in the media.

Another consideration that has recently come to light as a result of a ***Freedom of Information Request*** filed by Robert F. Kennedy Jr. on behalf of the ***Informed Coalition Action Network***, is the ***Department of Health and Human Services (HHS)*** which was charged with monitoring the actions of the vaccine manufacturer's practices and safety, essentially providing oversight protections for the American people, has been asleep at the wheel for the last 33 years (pages 390-392). The task force required by Congress under the NVCIA was to include "the **Director of the *National Institute of Health (NIH)*** is the chair of the Task Force**,** which by statute also includes the **Commissioner of the *FDA* and the Director of the *CDC***."

This was their job as mandated by Congress…. *"Hence, since 1986, HHS has had the primary and virtually sole responsibility to make and assure improvements in the licensing, manufacturing, adverse reaction reporting, research, safety and efficacy testing of vaccines in order to reduce the risk of adverse vaccine reactions. In order to assure HHS meets its vaccine safety obligations, Congress required as part of the 1986 Act that the Secretary of HHS submit a biennial reports to Congress detailing the improvements in vaccine safety made by HHS in the preceding two years."*

In essence, they were to report the results of their oversight of the liability vaccine industry to Congress every 2 years. Guess how often that happened? According to HHS, they have no record of any report ever being filed! (see pages 390-392). As you can see, clearly vaccines are far from harmless like we are told to believe. And it would appear that we cannot count on our government agencies tasked with keeping us safe to ensure that safety.

We certainly can't count on the vaccine industry to police itself. In a 78-page article dated March 30, 2019 by ***Gayle Delong*** and published on ***Research Gate*** titled, **Is "Delitigation" Associated with a Change in Product Safety? The Case of Vaccines**, the author uses very sophisticated analysis of the adverse events from vaccines

before congress passed the National Childhood Vaccine Injury Act (NCVIA) in 1986 and compared them with after. An important conclusion from the research… The results suggest that product safety deteriorates when consumers are no longer able to sue manufacturers (see pages 392-393).

Vaccine injuries from the accumulative effect of dozens of doses is not always immediately apparent-

Learn what thousands of scientists, researchers and doctors are saying in the peer-reviewed published literature about the dangers of the relentless increase of exposure to the rising number of vaccines early in life. They fear that we are trading mostly benign self-limiting childhood diseases for epidemics of chronic lifelong debilitating autoimmune, neurological, immunological and reproductive disorders. We have seen a meteoric rise in all these conditions, and that increase has tracked parallel to the dramatic increase in the number of doses of vaccines added to the CDC schedule over the last 60 years (from 8 doses to 72 doses by age 18 today, with 36 doses by 18 months of age). It is often said that correlation does not equal causation. And while that is true, we now have hundreds if not thousands of published studies identifying direct evidence of causation. You can read more about the association of the various ingredients in vaccines in the sections in ***1200 Studies*** on mercury, aluminum and the many other toxic vaccine ingredients that are implicated in dozens of these same adverse health conditions, many of which were rare or non-existent 60 years ago.

Another great fact and science based resource on the MMR vaccine can be found at www.physiciansforinformedconsent.org. They have 3 excellent evidence based position papers available for download on the measles and the MMR Vaccine.

Benefits of childhood infectious diseases?

Studies over the last several years have also found benefits from getting naturally acquired measles as a child, including a reduced risk of Hodgkin's and non-Hodgkin's lymphomas, atopic diseases such as hay fever, eczema and asthma. Measles infections are also associated with a lower risk of mortality from cardiovascular disease in adulthood (see pages 650-653).

A call for action-

It is time that an exhaustive INDEPENDENT (without the fingerprints of pharma), investigation be initiated to thoroughly exploring the safety and efficacy of vaccines and the risk vs. the reward of continuing the status quo. I would like to urge everyone to send this article to their state and federal elected representatives. Urge them to demand the establishment of an independent Vaccine Commission. I would like to nominate Robert F. Kennedy Jr. as the Chair overseeing the work of the commission. He is the Chairman of the ***Children's Health Defense*** organization (www.childrenshealthdefense.org). He has the working knowledge and experience to facilitate an independent deep dive into the pseudo-science and alleged fraud behind vaccine safety studies and to investigate the potential conflicts of interest and bias in the regulatory agencies and the pro-vaccine studies, which are frequently funded by the pharmaceutical industry and authored by persons receiving financial rewards by that same industry. Our elected officials must consider the input of the growing number of non-conflicted scientists, researchers and medical doctors that are calling for this kind of uncorrupted and broad sweeping investigation.

The right to opt out must be preserved-

In the end what this boils down to, is an individual must continue to have the right to choose whether they believe the vaccine industry's claims of safety and efficacy, or the growing mountain of scientific evidence that contradicts those claims as presented in ***1200 Studies***. It is imperative that an individual can maintain the right to exercise control over the sanctity of theirs and their children's bodies. Where there is risk (which has been undeniably established), there must be full informed consent and the right to opt out (see pages 396-401). In light of all of the credibility gaps of the false talking points presented in this article and the obvious and well-documented risks of vaccines, freedom of choice and autonomy over one's own health must be preserved.

What has been presented here is literally the tip of the iceberg. Download your free copy of 1200 Studies today at www.1200studies.com to reveal more.